

ASSESSMENT FOR DETERMINATION OF CARE FOR MEDICALLY FRAGILE CHILDREN IN FOSTER CARE

Michigan Department of Human Services

This form is used when a youth is medically diagnosed with a **chronic** or **acute** condition of a critical nature threatening health, life or independent functioning. Documentation of the medical condition must be in the case file.

Case Name				
Case Number	County	District	Unit	Worker
Initial Assessment/Level/Date		Last Assessment/Level/Date		
Date of Birth		Foster Home		

Section I - If at least 2 of the following characteristics or care needs are checked in section 1A and/or 1B the youth qualifies for a Level I DOC.

- If 3 or more Items in Section 1A and/or 1B are checked go to Section II.

<p>1A. PHYSICAL or MEDICAL IMPAIRMENTS</p> <ol style="list-style-type: none"> <input type="checkbox"/> Any physical or medical impairment or combination of impairments requiring an average of at least ½ to 1 hour of daily medically prescribed therapy or procedures performed by the foster parents (i.e. respiratory, bowel or skin treatments, shunt monitoring, burn care, orthopedic braces, percussion, suctioning, range of motion, medication, failure to thrive) <input type="checkbox"/> Colostomy care <input type="checkbox"/> Ileostomy care <input type="checkbox"/> Daily injections (insulin, asthmatic, allergies) <input type="checkbox"/> Feeding problems requiring an additional 30 minutes of preparation or feeding time (difficulty swallowing, cleft pallet, nasal difficulties, tongue thrust) <input type="checkbox"/> Special diet (diabetic, asthmatic, allergy, mild Cystic Fibrosis, and/or need for special formulas, additives) <input type="checkbox"/> Hearing problems requiring encouragement and monitoring (i.e. hearing-aid use) <input type="checkbox"/> Vision problems requiring encouragement, visual exercises, patching <input type="checkbox"/> Sporadically active infectious diseases requiring sterile procedures when active, such as Herpes-type viruses <input type="checkbox"/> Out-of-home bi-weekly to weekly therapy or medical appointments (i.e. PT, OT, ST, etc.), or medical training involving the foster parents <input type="checkbox"/> In-home therapy (i.e. PT, OT, ST), every two weeks nursing, or teacher appointments requiring foster parent involvement
<p>1B. BEHAVIORAL or EMOTIONAL PROBLEMS</p> <ol style="list-style-type: none"> <input type="checkbox"/> Weekly counseling or therapy appointments and/or behavior modification sessions requiring monthly foster parent participation and/or every two weeks schedule of foster parent programming (i.e. behavior charts, etc.) for problems such as depression, hyperactivity, encopresis, enuresis, eating disorders, night trauma <input type="checkbox"/> Special Education (EI, LD, TMI, EMI) requiring monthly school contact and/or up to ½ hour of daily foster parent programming <input type="checkbox"/> Regular Education requiring every two weeks to weekly school contact (i.e. meetings, teacher conferences to monitor attendance, behavior) <input type="checkbox"/> Documented supervision or attention needed to prevent the child from causing minor injury to self, others, or property – including clothing, glasses. <input type="checkbox"/> Documented increased attention needs which prevent or interfere with therapy or sleep (i.e. child wakes up 3-4 times a night, intolerance of tactile stimulation)
<p>Foster Parent Activities for any item checked.</p>

Section II – If any 1 characteristic or care need is checked in Section 2A the youth qualifies for Level II DOC.

- If any two items are checked in Section 2B or 2C the youth qualifies for a level II DOC.
- If only 1 item in section 2B or 2C is checked and none in section 2A the youth qualifies for a level I DOC.
- If 3 or more Items are checked in Section II, go to Section III.
- If 3 or more Items are checked in Section I and none in Section II the youth qualifies for a level I.

2A. AT RISK PHYSICAL or MEDICAL IMPAIRMENTS

1. ☐ Seizures uncontrolled by medication, requiring hospitalization 3-4 times per year
2. ☐ Heart monitor (for apnea and Sudden Infant Death Syndrome)
3. ☐ Oxygen while sleeping (for Broncho Pulmonary Dysplasia)
4. ☐ Tube feedings
5. ☐ Severe heart problems, such as ‘blue baby’
6. ☐ Respiratory problems (asthma or allergies) requiring major dietary and/or environmental restrictions. Examples include no pets, no carpeting or overstuffed furniture, no smoking, no perfume or heavy scents, daily vacuuming and dusting with wet cloth, the use of allergy-proof bedding or allergy-proof covers on pillows and bedding and the use of an air purifier and/or air condition.
7. ☐ Osteogenesis Imperfecta
8. ☐ Chemotherapy
9. ☐ Body cast (Spica cast)
10. ☐ Spinal Bifida
11. ☐ Other, specify: _____

2B. PHYSICAL or MEDICAL IMPAIRMENTS

1. ☐ Any physical or medical impairment or combination of impairments requiring an average of at least 1 to 2 hours of daily medically prescribed therapy or procedures performed by the foster parents (i.e. respiratory, bowel or skin treatments, shunt monitoring, burn care, orthopedic braces, percussion, suctioning, range of motion, medications, failure to thrive, etc.)
2. ☐ Legal blindness in both eyes or severe vision impairments requiring exercises, minor environmental modifications
3. ☐ Hearing impairment requiring foster parent to know sign language and encourage and monitor hearing-aid or auditory-training device use
4. ☐ Twice weekly out-of-home therapy or medical appointments (i.e. PT, OT, ST, etc.) requiring foster parent involvement
5. ☐ Twice weekly in-home therapy (i.e. PT, OT, ST, etc.), nursing or teacher appointments, requiring foster parent involvement
6. ☐ Child age two or over weighing 20 to 30 pounds with mobility impairments causing partial dependence, requiring assistance in transfer from wheelchair to bed, chairs

2C. BEHAVIORAL or EMOTIONAL PROBLEMS

1. ☐ Weekly therapy or counseling appointments and/or behavior modification sessions requiring bi-weekly to weekly foster parent participation and/or a daily schedule of foster parent programming (i.e. behavior charts, “wee alarms,” etc.) for problems such as depression, hyperactivity, encopresis, enuresis, eating disorders, night traumas, etc.
2. ☐ Special Education (EI, LD, TMI, EMI, SMI) requiring school contact every two weeks and/or up to one hour per day in-home foster parent programming
3. ☐ Documented supervision and attention needs in daily hygiene skills in excess of age-appropriate developmental levels (i.e. bathing, clothing, feeding) for children to monitor age five or over who are **not** in regular therapy

Foster Parent Activities for any item checked.


Section III – If any one or two of the following characteristics and/or care needs are checked the youth qualifies for a level III DOC.

If three or more are checked, complete an exception request with additional documentation/justification for a level IV DOC (an individually negotiated rate).

3A. PHYSICAL or MEDICAL IMPAIRMENTS

1. ☐ Any physical or medical impairment or combination of impairments requiring an average of 3 or more hours of daily prescribed therapy or procedures performed by the foster parents (i.e. for respiratory, bowel or skin treatments, shunt monitoring, burn care, orthopedic braces, percussion, suctioning, range of motion, medication, failure to thrive)
2. ☐ Any life-threatening medical needs or conditions
 - a. ☐ Oxygen 24 hours per day (for BPD, etc.)
 - b. ☐ Tracheotomy
 - c. ☐ Hemophilia
 - d. ☐ Respiratory problems (asthma or allergies) requiring a complete sterile environment. In addition to all the examples listed in Section II, the child is not able to be in public settings. Anyone interacting with the child must wash his/her hands and wear a gown and mask.
 - e. ☐ Other, specify _____
3. ☐ Seizures uncontrolled by medication, occurring daily or more often
4. ☐ Child age two or over weighing 31 pounds or more with mobility impairments causing partial dependence, requiring assistance in transfer from wheelchair to bed, chairs, etc.
5. ☐ Child age two or over weighing 20 pounds or more who is totally dependent, without use of own limbs for mobility
6. ☐ Child age four or over without self-care skills (i.e. cannot dress, feed, or bathe self) requiring total care due to physical impairments
7. ☐ Child age four or over who is more than 50% behind age level in more than 3 areas of development due to physical impairments
8. ☐ Child age four or over without self-care skills (i.e. cannot dress, feed or bathe self) requiring total care due to mental retardation or emotional impairments
9. ☐ Child age four or over who is more than 50% behind age level in more than 3 areas of development due to mental retardation or emotional impairments
10. ☐ Child who is totally blind requiring mobility training and/or major environmental modifications
11. ☐ Child with major behavior problems that may or may not be due to physical impairment (i.e. self-stimulating, head banging, removes medical apparatus at least 3 times a week); refusal to comply with medical procedures (i.e. taking meds at prescribed times)
12. ☐ Any active, chronic infectious disease requiring complete sterile procedures

Foster Parent Activities for any item checked.

Level 1	\$8.00		Age Appropriate Rate	4A \$ _____
Level II	\$13.00		Determination of Care (if appropriate)	4B \$ _____
Level III	\$18.00			
TOTAL FOSTER PARENT RATE (4A + 4B):			4C \$ _____	
ADMINISTRATIVE RATE: (if appropriate)			4D \$ _____	
TOTAL PER DIEM RATE (4C + 4D):			\$ _____	

SIGNATURES: Supplements above a level III DOC require an exception request with additional documentation/justification.

Direct Service Worker Signature	Date	Foster Parent Signature	Date
Direct Service Supervisor Signature (Required for all levels)	Date		
DHS Monitor Signature (Required for all levels)	Date	DHS Office Director Signature (Required for Level III & IV)	Date
DHS Monitor Supervisor Signature	Date	Zone Manager Signature (Required Above Level III)	Date
Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.		AUTHORITY: PA 280 of 1939 COMPLETION: Is required by policy. CONSEQUENCE: Correct reimbursement may not be received by the foster parent.	